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Address of the Retiring President

STANDARDS - ACHIEVEMENTS*

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Members, Fellows and Friends of the Academy:

In keeping with a wise and generous tradition of The New York Academy of Medicine, the retiring president is expected to give an account of his stewardship.

The years 1933 and 1934 have not been altogether placid; but in spite of some stormy days, the ship is safe and ready for further voyages into uncertain and uncharted seas. Whether or not my own estimate of the past years be correct, I have no hesitation in stating that the officers, the Trustees and the Council have constantly kept in mind the purposes to which the Academy is devoted. In the science and practice of medicine, the Academy this day stands more firmly than ever as a supporter of the highest ethical standards.

In medical science, it is the establishment of unquestioned truths that is its chief goal, and in the practice of medicine it insists upon the observance of the highest principles of honesty and integrity in the relation of the profession to the community.

* Delivered at the Annual Meeting of the Academy, January 3, 1935.

Let me say again, as I did a year ago, there must be no compromise in the matter of the division of fees. The acceptance of any gratuity, except with the full knowledge of the patient or of the patient's family, I deem outright dishonesty and the practice must be eliminated by the profession, and surely by the Members and Fellows of the Academy. I am happy to state, and I know it from personal intimate knowledge, that the members of the Committee on Admission will not accept any candidate who has been guilty of such practice. Membership in the Academy is to convey to the profession and to the community positive assurance that the individual in question is a man or woman of unimpeachable character and deserves the confidence of the public.

In this troublesome question, I appeal for similar action on the part of all other medical societies. I have been told only recently, that when a hospital in our community brought about the dismissal of one of the medical men because of questionable practice, a prominent society refused to take action. Let me also state distinctly that this is not a practice limited to any one group or locality, but it is a deadly poison that has been slowly invading and commercializing the entire medical body.

We cannot possibly discuss the standards of the practice of medicine without referring to the changing economic conditions of the day. As His Honor, the Mayor, suggested in his recent notable address, whether we acknowledge it or not, we are living in "a new age" and the physicians must adjust themselves to changing conditions in civil and communal life. The man who survived the economic depression, was, nine times out of ten, the one who knew how to adjust himself to these changing conditions, and whether we like it or not, we are bound carefully to consider altered economic conditions. Referring to the progress of medicine and surgery, His Honor asked whether the benefits are to be "limited to a certain few who can afford to avail themselves of it, or is it a matter in which the public and the government, and the State have a direct interest?"

Personally, I am not going to allow myself to be intimidated by the tirades and arguments for or against socialization of medicine or state medicine. All I wish to emphasize is that conditions have changed, conditions are changing, and if the average medical practitioner is to have any sort of success in a practical way, if he is to be able to earn his living, he must take council with his colleagues; and all of us must in a sensible, calm mood discuss the changes that are to be effected in our relations to family practice, to individual patients, in our relations to the hospitals, to the community, the city and the state.

Last summer, I had occasion to travel from the Atlantic to the Pacific Coast, and throughout the middle and far west, I found that the medical organizations were fully alive to the need of change and reform in their methods of practice. Local conditions are so important and vary so much that I believe it would be unwise, except perhaps in some underlying principles, to plead for national reorganization of professional practice. But the changes, whatever they may be, must come from within the medical organization rather than from without; let us beware lest by legislative enactment, disappointment and despair be brought to many medical groups and communities.

In a city like Seattle, the medical profession has taken the matter in hand and has brought about adequate reforms which seem to be well adapted to the needs of that community. In our far larger communal organization, it will require the active cooperation and study of our best minds to protect the interests of the community and especially to promote and protect the interests of the practitioner, so that the doctor may not, in the end, prove to be the forgotten man.

Our hospitals and the physicians serving therein must find adequate compensation, somewhere and somehow. We cannot merely copy foreign insurance systems—British or German. We are not yet ready to copy the German system, according to which, as I am reliably told, only 5 per cent

of the physicians are doing private practice exclusively; 80 per cent are practically in the employ of a panel system. The system itself has led to great abuses. Certification of illness and over-prescribing have become a serious problem and worse than this, mass treatment has led to a very superficial type of medical examination. All of this we do not wish to copy, and we must devise our own system in conformity with our local needs and practices. With due consideration to the needs of the community, let us also try so far as possible to preserve the rights and privileges of the honorable practitioner. In developing an entirely new system in this community, we may incidentally be able to do away with the fee-splitting evil.

In our relations to city and state, I am happy to say that there is ample reason to believe that the influence of the Academy, in all matters medical, has been steadily growing. Our advice has been sought in puzzling questions presenting themselves to the state and the city administration, and we are proud to be the trusted advisers of the Department of Health, and the Department of Hospitals, not to forget the Department of Sanitation, which has always maintained close relations with the Committee of Twenty, which is an offspring of this Academy.

The Committee on Public Health Relations, under the chairmanship of Dr. James Alexander Miller, and its excellent secretary, Dr. Corwin, has not only sponsored the study of maternal mortality—to which I shall devote a few minutes later on—but it has also been responsible for an intensive study on Diabetes in New York City; another study on Amoebic Dysentery; then again, it made an impartial study of the Psychiatric Department of Bellevue Hospital; a special study on the proper organization of the medical service in the Department of Education; not to mention a study, asking for better facilities for the care of the chronic sick; and other studies of almost equal import.

The Committee on Medical Education, under Dr. Harlow Brooks, ably assisted by Dr. Reynolds, has continued its wonderful work in the preparation of the Graduate Fort-

night. It has devoted much thought to the proper training of interns, residents, and specialists and has helped to maintain the general high standards of scientific work on the part of Academy Sections and Members.

Our Library, under Dr. Malloch's leadership maintains its proud position as one of the greatest and surely one of the most useful medical libraries of the world. The Medical Information Bureau has done good work in keeping the public and the medical profession informed on the various scientific and other activities of the Academy and of the medical profession of Greater New York.

In all the Sections, there has been a renewed spirit of activity. The very large attendance at many of these special gatherings, and at the combined meetings of several sections, yields the best evidence of the intense interest the average physician takes in his immediate line of work. If I were to find any fault with this spirit, it is that the special groups might bear in mind, more than they do, the way in which their subjects bear upon the general problems in medicine and surgery. They might more often than they do, suggest problems which should be brought to the notice of the entire profession, and the discussion of such problems might be arranged for the Stated Meetings of the Academy. This would make it a little easier for my successor to find special topics of interest than it has been during the past years. These Stated Meetings are occasionally well attended, but they should be among the chief interests of the Members and Fellows of the Academy.

It is only when controversial subjects are brought to the notice of the profession that the interest of the entire profession seems to be aroused. During my presidency, the two subjects that may be placed in this category, were the Report on the Costs of Medical Care and the Report on Maternal Mortality. Although the manner of publicity of this latter report was not altogether fortunate, let me say that nothing that the Academy has done during the past years has had as far reaching an influence on the improvement in medical practice as has this report.

This was an attempt to establish the exact truth, and I am pleased to say that on a recent visit to the chief medical centers of the country, mention was made again and again of the splendid and courageous work the Academy had done in publishing this report on Maternal Mortality. To soothe our ruffled feelings, and to assuage local or national pride, it is well to let the medical and lay public know that other cities and countries are face to face with the same problem that confronts us here.

In a recent London letter, in the *Journal of the American Medical Association**, there is an interesting communication on the undiminishing maternal mortality in Great Britain. It is stated that the maternal death rate is still slightly increasing, and to quote from that article, it had been shown authoritatively that half the maternal deaths in Great Britain were preventable. Whether preventable means on the part of the medical man, the midwife, or the mother, I need not now decide.

In Philadelphia, conditions were not unlike those that obtained here. It may be comforting to read in one of the late Bulletins† of the New York State Department of Health, that the Maternal Mortality problem in England and Wales was closely similar to our own; but is it not reassuring to read in the issue of December 17th, of the outstanding fact that the maternity mortality rate in this state was "the lowest ever recorded for any month"; and still more reassuring that the number of deaths from causes associated with childbirth totaled 45 as compared with 63 of the preceding October—the reduction being due to a decrease in the mortality from hemorrhage and accidents of childbirth (including cesarean operation). The heaven is working.

But, there is something else alluded to in the British report, which has been in my mind for many years, and which on many occasions I have discussed. After we have done our best about maternal mortality, let us pay some

* December 8, 1934.

† Health News, Dec. 10, 1934.

attention to child mortality, which has changed but slightly during recent years, and above all, let us consider carefully the suffering in later life from neglected or improper natal and prenatal treatment.

It seems to me to be far nobler to acknowledge our shortcomings, to try to improve upon them, than to become irate because others have told us what our shortcomings are.

Among the scientific achievements of the Academy, the Annual Graduate Fortnight has been possibly the most outstanding. At all events, we have in that way brought to a very large number of physicians the knowledge of most recent developments on burning questions of the day. In connection with the last two Fortnights, the exhibits have been so illuminating and startling that it has brought to the fore the question of whether such exhibits should not be made more or less permanent, and, in keeping with this project, the development of a medical museum should be carefully considered.

I must not fail to refer to the one sad event occurring during my presidency. Dr. Linsly Williams' death was an incalculable loss to the Academy. It was not only the loss of a great director, but the loss of an astonishingly strong personality, and of a friend whom none of us can forget.

Fortunately, the affairs of the Academy could be entrusted to the firm hands of Dr. John A. Hartwell, whose intimate acquaintance with the details of Academy work helped us to tide over a period that might under other conditions have spelled disaster. While the director is in charge of the innumerable details of the Academy machinery, the president has ample opportunity to influence the policies of this great organization, and in order that such renewed influence and invigoration may be brought to bear upon the affairs of the Academy, and in order that the Academy may never be entirely subordinated to the will of a small group of men, it is wise that the term be limited to a period of two years.

In concluding my own term of office, let me tender my warmest thanks to the staff, the officers and Council of the Academy, and to the entire fellowship for their courteous and cordial cooperation.

These two years of service have been the most interesting and surely the most stimulating of my career. I was hoping, just at this juncture of events, that the Nominating Committee should suggest, and that you would elect, as my successor, a man of known energy and ability, and above all, a man of broad vision and of liberal spirit, who would treat the entire membership of the Academy with justice and sympathy; and who, while aiming at the further progress of medical science would be an ardent protector of the medical practitioner and of the man who devotes himself exclusively to medical research. Having found a man of outstanding fitness, it is my pleasure and my privilege to present to you, your new President, Dr. Eugene H. Pool.

